



DOCKET NO: 240987US3

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF

KENJI YAMADA, ET AL.

: EXAMINER: EICKHOLT, E. H.

SERIAL NO: 10/629,654

:

FILED: JULY 30, 2003

: GROUP ART UNIT: 2854

FOR: SHEET FINISHER AND IMAGE  
FORMING SYSTEM USING THE SAME

:

AMENDMENT FILED CONCURRENTLY WITH REQUEST FOR CONTINUED

EXAMINATION (RCE)

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

SIR:

Prior to a further examination on the merits, please amend the above-identified  
application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on  
page 2 of this paper.

Remarks/Arguments begin on page 49 of this paper.

11/07/2005 ZJUHARI 00000043 10269654

12 FC:1202  
13 FC:1201

5200.00 DP  
3600.00 DP

A. NE. 1  
Rce  
1/06/05

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

240987123

## CLAIMS AS FILED - PART I

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 86            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 86 minus 20 = | * 66         |
| INDEPENDENT CLAIMS  | 18 minus 3 =  | * 15         |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

Re 1/6/05

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 172                            | Minus ** 86                        | = 86          |
| Independent   | * 36                             | Minus *** 18                       | = 18          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     |        |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           | 5700           |
| X42=             |                | OR | X84=             | 3600           |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X42=             |                | OR | X84=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.